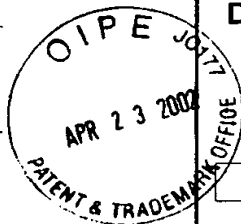


#3

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	OSTEONICS 3.0-408
First Named Inventor	Nicolas Delogé
<b>COMPLETE IF KNOWN</b>	
Application Number	10/008,336
Filing Date	November 8, 2001
Group Art Unit	N/A
Examiner Name	Not Yet Assigned

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TARGETING APPARATUS FOR USE IN PERFORMING ENDOFEMORAL OSTEOTOMY SURGERY

(Title of the Invention)

the specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 11/08/2001 as United States Application Number or PCT International Application No. 10/008,336 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
GB-A-01 24230.4	Great Britain	10/09/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GB-A-00 27698.0	Great Britain	11/13/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GB-A-00 27700.4	Great Britain	11/13/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GB-A-01 05779.3	Great Britain	03/08/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Please type a plus sign (+) inside this box ☒

PTO/SB/01 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530

Direct all correspondence to:

☒ Customer Number  
or Bar Code Label



OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle (if any))

Nicolas

Family Name  
or Surname

Delogé

Inventor's  
Signature

*Segni here*

Date

*28/03/2002*

Residence: City

Douvres

State

Country

France

Citizenship

France

Mailing  
Address:

17, rue Pablo Picasso

City

Douvres

State

ZIP

14440

Country

France

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle (if any))

Jean-Pierre

Family Name  
or Surname

Brée

Inventor's  
Signature

*Signature*

X

Date

*2/04/2002*

Residence: City

Fontaine Etoupefour

State

Country

France

Citizenship

France

Mailing  
Address:

21, rue du Bois de L'Isle

City

Fontaine Etoupefour

State

ZIP

14790

Country

France

☒

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION

## ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Arnaud Aux		Epaules	
Inventor's Signature		Date	
<i>Sum here</i>		29/03/2002 X	
Residence: City	State	Country	Citizenship
Saint-aubin-sur-mer		France	France
Mailing Address:			
3 avenue du Général Koenig			
City	State	ZIP	Country
Saint-aubin-sur-mer		14750	France
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Philippe		Lavieille	
Inventor's Signature		Date	
<i>[Signature]</i>		29 Mars 2002	
Residence: City	State	Country	Citizenship
Caen		France	France
Mailing Address:			
26, rue d'Hérouville			
City	State	ZIP	Country
Caen		14000	France
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Christophe		Cueille	
Inventor's Signature		Date	
<i>[Signature]</i>		28 mars 2002 X	
Residence: City	State	Country	Citizenship
Missy		France	France
Mailing Address:			
Les Hauts Monceaux			
City	State	ZIP	Country
Missy		14210	France
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	ZIP	Country